



# Confidential Evaluation

## Goose Feathers Franchising, LLC

Your full name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Your date of birth: \_\_\_\_\_

Current address: \_\_\_\_\_  
Zip code: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

Previous address: \_\_\_\_\_  
Zip code: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_

Your highest year of education completed:  
High School: 1 2 3 4                      College: 1 2 3 4  
Degree(s) awarded: \_\_\_\_\_  
Name of college/university: \_\_\_\_\_  
Name of graduate school(s): \_\_\_\_\_

Spouse's name: \_\_\_\_\_  
Spouse's Social Security Number: \_\_\_\_\_  
Spouse's Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_  
Own: \_\_\_ Rent: \_\_\_  
Best time to contact you: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_  
Own: \_\_\_ Rent: \_\_\_

Graduate: 5 6 7 8  
Major(s): \_\_\_\_\_  
Location: \_\_\_\_\_

### Two business references:

Company: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Two personal references:

Company: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Assets

Cash (checking account): \_\_\_\_\_  
Cash(savings/others): \_\_\_\_\_  
Retirement: \_\_\_\_\_  
Real Estate (residence): \_\_\_\_\_  
Real Estate(other): \_\_\_\_\_  
Automobiles: \_\_\_\_\_

### Liabilities

Mortgage payable: \_\_\_\_\_  
Taxes payable: \_\_\_\_\_  
Credit Card balance: \_\_\_\_\_  
Other loans: \_\_\_\_\_  
Other Liabilities: \_\_\_\_\_



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Other Assets: (please list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Assets \_\_\_\_\_  
Total Liabilities - \_\_\_\_\_  
Net Worth = \_\_\_\_\_

### Annual Cash Flow

Salary \_\_\_\_\_  
Commissions \_\_\_\_\_  
Investment income \_\_\_\_\_  
Rental Income \_\_\_\_\_  
Other Income \_\_\_\_\_  
Total Income \_\_\_\_\_

### Annual Expenses

Housing \_\_\_\_\_  
Personal Expenses \_\_\_\_\_  
Installment loans \_\_\_\_\_  
Taxes \_\_\_\_\_  
Other Expenses \_\_\_\_\_  
Total Expenses \_\_\_\_\_

How do you plan to finance the franchise? \_\_\_\_\_  
\_\_\_\_\_

Describe any business partners, investors, or family members who will be involved:

\_\_\_\_\_  
\_\_\_\_\_

Describe a normal day at work for you: \_\_\_\_\_  
\_\_\_\_\_

How do you want to spend your time at work every day? \_\_\_\_\_  
\_\_\_\_\_

Where did you hear about our Franchise Program? \_\_\_\_\_  
In what city would you like to locate a franchise? \_\_\_\_\_



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## Goose Feathers Franchising, LLC

I understand and agree that a sale of a franchise is at the sole discretion of the Goose Feathers Franchising, LLC (“Franchisor”). Franchisor does not guarantee that I will be granted this privilege.

I understand that any information I receive from the Franchisor or from any employee, agent, or franchisee of the Franchisor is highly confidential (“Confidential Information”), has been developed with a great deal of effort and expense to the Franchisor, and is being made available to me solely because of this application. I agree that I shall treat and maintain all Confidential Information as confidential, and I shall not, at any time, disclose, publish, or divulge any Confidential Information to any person, firm, corporation or other entity, other than for the benefit of the Franchisor and with Franchisor’s express permission.

I authorize Franchisor to obtain an investigative consumer report, a general background search and an investigation in accordance with anti-terrorism legislation, such as the USA Patriot Act and Executive order 13224 enacted by the US Government (collectively referred to as the “Investigation”). I understand that the Investigation may reveal information about my background, character, reputation, creditworthiness, litigation history, and job performance. I hereby waive any claims against the Franchisor from any liability arising from the Investigation.

I agree that I will litigate any and all claims, disputes or controversies arising out of or relating to my application or candidacy for the grant of a Goose Feathers Café Franchise from the Franchisor, exclusively in the State or Federal Courts located in Savannah, Georgia.

I read, understand, and agree to all of the above. I, the undersigned, acknowledge that the information contained herein is true and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_